## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| _                      |                |
|------------------------|----------------|
| Application Number     | 10/814,948     |
| Filing Date            | March 30, 2004 |
| First Named Inventor   | Peter E. Hart  |
| Group Art Unit         | 2624           |
| Examiner Name          | King Y. Poon   |
| Attorney Docket Number | 20412-08341    |
| -                      |                |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8. 1995. or to any design application.

|    | filed prior to June 8, 1995, or to any design application. |  |  |  |  |
|----|--|--|--|--|--|
| 1. | SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114                |  |  |  |  |
|    | a. 🗆   | Previously submitted   |  |  |  |
|    | i.   | Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on  |  |  |  |
|    | ii.  | Consider the arguments in the Appeal Brief or Reply Brief previously filed on  |  |  |  |
|    | iii.   | ☐ Other  |  |  |  |
|    | b. 🛛   | Enclosed   |  |  |  |
|    | i.   |  |  |  |  |
|    | ii.  | Affidavit(s)/Declaration(s)  |  |  |  |
|    | iii.   | ☐ Information Disclosure Statement (IDS)   |  |  |  |
|    | iv.  | Other  |  |  |  |
| 2. | Miscell  | llaneous   |  |  |  |
|    | a. 🔲   | Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) |  |  |  |
|    | b. 🔲   | Return Postcard  |  |  |  |
|    | с. 🔲   | Other  |  |  |  |
| 3. | Fees   | The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filled.   |  |  |  |
|    | a. 🛛   | The Director is hereby authorized to charge any additional fees, or credit any overpayments,   |  |  |  |
|    |  | to Deposit Account No19-2555during the pendency of this application  |  |  |  |
|    |  | Fee Transmittal Enclosed (in duplicate)  |  |  |  |
|    | П  | Check in the amount of \$ enclosed   |  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |                   |  |  |  |
|---|-------------------|--|--|--|
| Name (Print/Type)                                   | Robert A. Hulse   | Registration No. (Attorney/Agent) 48,473 |  |  |
| Signature   | /Robert A. Hulse/ | Date May 9, 2006                         |  |  |